Instruction 1(b).

FORM 4

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT	OF CHANGES II	N BENEFICIAL	OWNERSHIP

OMB APPROVAL OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* GARCIA PHILIP A						2. Issuer Name and Ticker or Trading Symbol DONEGAL GROUP INC [DGICA]							(Ch	elationship (eck all applic X Directo	,			
(Last) 1195 RIV	•	irst)	(Middle)			3. Date of Earliest Transaction (Month/Day/Year) 07/15/2010									Officer (give title below)		Other (specify below)	
(Street) MARIET (City)			17547 (Zip)		4. 1	If Ame	ndment, [Date of	Original F	iled	(Month/Da	ay/Year)	Line	X Form f	iled by One	e Repo	y (Check Ap orting Perso n One Repor	n
		Tab	le I - Nor	n-Deriv	vativ	e Se	curities	s Acq	uired, [Disp	osed o	f, or Be	neficial	y Owned	ı			
D			Date	ate onth/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.		4. Securities Acquired (A Disposed Of (D) (Instr. 3, 5)			Securitie Beneficia	. Amount of Securities Seneficially Dwned Following		: Direct r Indirect str. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Code	v	Amount	(A) o (D)	Price	Transact (Instr. 3	ion(s)			(11150: 4)
Class A Common Stock												311			D			
		7	Fable II -									or Ben ble secu		Owned				
Derivative Conversion Date		3. Transaction Date (Month/Day/Year)	Execution [Date, Transactio Code (Inst		n of		6. Date Exercisable and Expiration Date (Month/Day/Year)		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4	Beneficial Ownership t (Instr. 4)	
					Code	v	(A)		Date Exercisable		xpiration ate	Title	Amount or Number of Shares					
Options	\$14	07/15/2010			A		10,000		03/01/2011	. 0	7/15/2015	Class A Common	10,000	\$0	10,00	0	D	

Explanation of Responses:

Jeffrey D. Miller, by power of <u>attorney</u>

07/19/2010

** Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.